

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4167AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2008
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOME LLC ELKO 2		STREET ADDRESS, CITY, STATE, ZIP CODE 1680 WINCHESTER DRIVE ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility from 8/26/08 to 8/27/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review from 8/26/08 to 8/27/08, the facility did not ensure evidence of at least eight hours of annual training related to providing for the needs of the residents for 2 of 4 employees who had worked at the facility for more than 12 months. Findings include: Employee #2's file contained a list of ten trainings with start times from July 2007 to July 2008.	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 There was no evidence of the length of the trainings or that the employee had completed them. The file for Employee #6, the administrator, did not contain evidence of any trainings in the last 12 months. Severity: 2 Scope: 3	Y 070			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 8/26-27/08, the facility did not ensure that 3 of 6 employees met the background check requirements for criminal history. Findings include: The file for Employee #1, hired on 5/15/07, contained two copies of the employee's fingerprints dated 5/14/07. The file did not contain background check reports from the FBI and State of Nevada. A letter from the Nevada Repository dated 8/15/08 indicated the results of the fingerprint search was "undecided." The administrator reported previous submissions of the employee's fingerprints had also come back undecided, but there was no documentation of these submittals.	Y 105			

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Y 105	Continued From page 2 The file for Employee #3, hire on 1/15/08, did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. The file for Employee #5, hired on 6/9/08, contained two copies of the employee's fingerprints dated 6/6/08. The file contained a background check report from the FBI but not from the State of Nevada. Severity: 2 Scope: 2	Y 105		
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on record review and interview from 8/26/08 to 8/27/08, the facility did not ensure the automatic sprinkler system had been inspected annually. Findings include: The inspection tag on the facility's automatic sprinkler system was undated. Based on inspection reports in the facility's files, the system	Y 207		

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Y 207	Continued From page 3 was last inspected on 8/21/07. Severity: 1 Scope: 3	Y 207			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review from 8/26/08 to 8/27/08, the facility did not obtain the results of an annual physical examination of a resident by their physician for 1 of 6 residents residing in the facility for longer than a year. Findings include: Resident #3 - Date of admission was 3/19/07. The residents's file did not contain the results of an annual physical examination of the resident by a physician for 2008. Severity: 2 Scope: 1	Y 859			

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Y 876 Y 876 SS=E	Continued From page 4 449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: NRS 449.037(6) The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given: (b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment. (e) The employee has successfully completed training and examination approved by the Health Division regarding the authorized manner or assistance. Based on record review and interview on 8/26/08, the facility administered medication to 1 of 7 resident which required a daily assessment and 2 of 6 employees had not completed medication training and passed an examination approved the Health Division. Findings include:	Y 876 Y 876			

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Y 876	Continued From page 5 Resident # 6 was admitted on 12/10/07. The resident was prescribed Diovan 160 mg tablets, one every morning - hold if systolic blood pressure is greater than 100. Caregivers reported they took the resident's blood pressure every morning with either a manual blood pressure cuff and stethoscope or an electronic cuff. Review of the resident's medication administration record revealed the resident was not given the Diovan from 5/1/08 to 5/6/08 (five days) due to his systolic blood pressure being less than 100 when caregivers assessed it. Employee #3 was hired on 1/15/08 and Employee #5 was hired on 6/9/08. The administrator reported the employees were both assisting residents with their medications. The files for both employees contained a "Certificate of Medication Supervision" issued by the facility that indicated successful completion of a medication supervision training curriculum "as designated by the Nevada Department of Human resources, Health Division, Bureau of Licensure and Certification." The administrator reported the employees completed a medication training program purchased by the facility and supervised by a supervisor, but the program had not been submitted to the Bureau for approval. Lack of initial medication training is a repeat deficiency from the 8/22/07 annual survey (TAG Y72). Severity: 2 Scope: 2	Y 876		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place	Y 936		

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Y 936	<p>Continued From page 6</p> <p>that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually</p>	Y 936			

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Y 936	<p>Continued From page 7</p> <p>thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>Based on record review from 8/26/08 to 8/27/08, the facility did not ensure 1 of 7 residents had received the required tuberculosis (TB) skin testing.</p> <p>Findings include:</p> <p>Resident #6 - Date of admission 12/10/07. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 11/8/07. The file did not contain evidence the resident completed the second step. The file contained a negative chest x-ray report, dated 11/3/08, five days prior to initiation of skin testing. To comply with NAC 441A, the resident needs to complete an additional one-step TB skin test. The additional skin test would be combined with the 11/8/07 skin test and qualify as a two-step TB skin test.</p> <p>Severity: 2 Scope: 1</p>	Y 936		

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